

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>W</i>		12/1/99
O.I.P.E. CLASSIFIER	<i>M</i>	5-1	12-10-99
FORMALITY REVIEW		<i>OK 177</i>	1-7-00
RESPONSE FORMALITY REVIEW		<i>OK 177</i>	3-7-00

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)..... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
1	✓	✓	✓
2	✓	✓	✓
3	✓	✓	✓
4	✓	✓	✓
5	✓	✓	✓
6	✓	✓	✓
7	✓	✓	✓
8	✓	✓	✓
9	✓	✓	✓
10	✓	✓	✓
11	✓	✓	✓
12	✓	✓	✓
13	✓	✓	✓
14	✓	✓	✓
15	✓	✓	✓
16	✓	✓	✓
17	✓	✓	✓
18	✓	✓	✓
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31	✓	✓	✓
32	✓	✓	✓
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35	✓	✓	✓
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Claim	Final	Original	Date
51	✓	✓	✓
52	✓	✓	✓
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)